

## **MODULE 3** Finding the Available Ethics Knowledge Relevant to an Ethics Question

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## PARTICIPANT HANDOUTS

### Handout 3.1

### Suggested Internet Resources for Finding Ethics Knowledge

Author	URL	Description and Navigation Tips
Google™	<a href="http://www.google.com">http://www.google.com</a>	<ul style="list-style-type: none"><li>• General Internet search engines</li><li>• Good for obtaining a general overview of what's out there relevant to an ethics consultation</li></ul> <b>TIP:</b> Try entering [topic you are looking for] + “ethics”
Yahoo!®	<a href="http://www.yahoo.com">http://www.yahoo.com</a>	
Ask.com™	<a href="http://www.ask.com">http://www.ask.com</a>	
Google™ Scholar	<a href="http://scholar.google.com">http://scholar.google.com</a>	<ul style="list-style-type: none"><li>• Search engine within Google™ that links to scholarly publications that are available online for free.</li></ul> <b>TIP:</b> To reach Google™ Scholar, click on “Even more” at the bottom of the list under the Google drop-down menu “More” that is located on Google’s home page and look for “Scholar.”
National Center for Ethics in Health Care	<a href="http://www.ethics.va.gov">http://www.ethics.va.gov</a>	<ul style="list-style-type: none"><li>• Links to Center publications, VA national policies relevant to health care ethics, and other resources organized by health care ethics domains and topics</li></ul> <b>TIP:</b> Good page to “bookmark” since it links to all of the Websites listed below.
U.S. National Library of Medicine	<a href="http://www.nlm.nih.gov/bsd/bioethics.html">http://www.nlm.nih.gov/bsd/bioethics.html</a>	<ul style="list-style-type: none"><li>• Includes PubMed, the gold standard for searching the medical literature</li><li>• Good place to look for empirical bioethics data</li><li>• Drawbacks: Only some resources from the PubMed database offer abstracts online, and many are not available in full text form for free.</li></ul> <b>TIP:</b> Use the NLM Catalog link to search for books.

## PARTICIPANT HANDOUTS

Author	URL	Description and Navigation Tips
ETHXWeb	<a href="http://www.bioethics.georgetown.edu/databases/ethxweb/">http://www.bioethics.georgetown.edu/databases/ethxweb/</a>	<ul style="list-style-type: none"> <li>Searchable database of bioethics resources offered by the Bioethics Research Library at Georgetown University</li> <li>Includes medical and bioethics journal articles, news articles, books and book chapters, reports, and audiovisuals</li> </ul> <p><b>TIP:</b> <i>Good place to find bills, laws, court decisions, legal standards, and other legal documents</i></p>
EthicShare	<a href="http://www.ethicshare.org/">http://www.ethicshare.org/</a>	<ul style="list-style-type: none"> <li>Searchable database of bioethics articles, book chapters, dissertation records, and e-books</li> <li>Based at the University of Minnesota</li> <li>Users are invited to use the site to share citations.</li> </ul> <p><b>TIP:</b> <i>Good place to find U.S. government publications, including Presidential Commission reports</i></p>
American Medical Association (AMA) PolicyFinder	<a href="http://www.ama-assn.org/ama/pub/about-ama/our-people/house-delegates/policyfinder.page">http://www.ama-assn.org/ama/pub/about-ama/our-people/house-delegates/policyfinder.page</a>	<ul style="list-style-type: none"> <li>Authoritative source for codes and policies published by the AMA, including Virtual Mentor and reports from the Council on Ethical and Judicial Affairs.</li> </ul> <p><b>TIP:</b> <i>Can limit search to policies</i></p>
Fast Facts and Concepts	<a href="https://library.tmc.edu/website/end-of-lifepalliative-education-resource-center-eperc/">https://library.tmc.edu/website/end-of-lifepalliative-education-resource-center-eperc/</a>	<ul style="list-style-type: none"> <li>Once provided by Medical College of Wisconsin's Center to Advance Palliative Care. Fast Facts will continue to be cross-published by the <i>Journal of Palliative Medicine</i> and are available to search and print from the PCNOW Fast Fact Resource Center: <a href="https://library.tmc.edu/website/end-of-lifepalliative-education-resource-center-eperc/">https://library.tmc.edu/website/end-of-lifepalliative-education-resource-center-eperc/</a></li> <li>Fast Facts are short articles written by subject matter experts on topics related to end-of-life and palliative care.</li> </ul>

## **How to Conduct a Search**

- 1. Begin with the ethics question.**
- 2. Choose terms.**
  - Pick out several search terms that are specific to the consult topic.
  - Think of synonyms for these terms.
  - Try out different combinations of terms.
  - Consider adding “ethics.”
- 3. Review list for relevant items.**
  - Quickly review the first 1–2 pages.
  - Read titles and skim excerpts.
  - Notice the source of each item.
  - If the results are not promising, try again with different search terms.
- 4. Drill down on items with promise.**
  - Click on the most promising items.
  - Determine if worth pursuing.
  - If not, move on.
  - Follow only promising leads/links.
- 5. Obtain and review resources.**
  - Try to find full-text articles.
  - Print out or download full-text articles (or request from your library).
  - Review references in articles to look for other leads.

## PARTICIPANT HANDOUTS

### Handout 3.3

## Find the Available Ethics Knowledge Relevant to an Ethics Question

### Instructions for Small-Group Activity

#### CASE SUMMARY

The chief medical resident requests an ethics consultation. She has just begun a 6-month rotation at the hospital and is upset because her medical attending has chastised her for allowing her resident physicians to practice procedures (central line insertions and intubation) on newly deceased patients without obtaining consent from the next of kin. The chief resident defends this practice because she sees it as an invaluable learning opportunity for the medical residents, and she is responsible for their education. Practicing procedures on newly deceased patients without consent is allowed at other affiliated hospitals where she has trained. She says it should be allowed in this hospital as well because it “is best for the most people.”

#### Ethics Question

*Given that the attending thinks that the family has the right to determine what procedures are performed on their deceased relative's body, but the chief resident believes it will be good for the community if residents are allowed to practice procedures on newly dead patients, is it ethically justifiable for residents to practice procedures on newly dead patients without obtaining consent from the next of kin?*

#### Instructions

Use the strategies described in the module to locate relevant ethics knowledge available through the National Center Website and other Websites.

1. Assign team responsibilities:

1. “Driving” the computer

\_\_\_\_\_ [name]

2. Facilitating team discussion on the strategies and search terms to use

\_\_\_\_\_ [name]

3. Taking notes and reporting out to the larger group

\_\_\_\_\_ [name]

2. Read Case Summary (above).

3. Discuss and decide on search terms and strategy.

List key words you used:

## PARTICIPANT HANDOUTS

4. Access at least 3 relevant sources of ethics knowledge through the National Center Internet Website and other Websites.

a. What 3 resources did you access?

b. What did you find?

5. Prepare to explain your choice of strategy and how well you thought it worked.

a. What strategies did you choose? Why?

b. Which strategies worked well? Which didn't?

## PARTICIPANT HANDOUTS

### Handout 3.4

# Sample Findings: Ethics Knowledge Relevant to an Ethics Question

**Note:** This document represents an example of a thorough Internet search related to an ethics consultation. The information was current at the time the search was conducted, but may now be dated. It is presented here for demonstration purposes.

## Case Summary

The chief medical resident requests an ethics consultation. She has just begun a 6-month rotation at the hospital and is upset because her medical attending has chastised her for allowing her resident physicians to practice procedures (central line insertions and intubation) on newly deceased patients without obtaining consent from the next of kin. The chief resident defends this practice because she sees it as an invaluable learning opportunity for the medical residents, and she is responsible for their education. Practicing procedures on newly deceased patients without consent is allowed at other affiliated hospitals where she has trained. She says it should be allowed in this hospital as well because it “is best for the most people.”

## Ethics Question

*Given that the attending thinks that the family has the right to determine what procedures are performed on their deceased relative's body, but the chief resident believes it will be good for the community if residents are allowed to practice procedures on newly dead patients, is it ethically justifiable for residents to practice procedures on newly dead patients without obtaining consent from the next of kin?*

## Pick out several search terms that are specific to the consult topic.

*Given that the attending thinks that the family has the right to determine what procedures are performed on their deceased relative's body, but the chief resident believes it will be good for the community if residents are allowed to practice procedures on newly dead patients, is it ethically justifiable for residents to practice procedures on newly dead patients without obtaining consent from the next of kin?*

(The following terms were not selected because they are not specific to the consult topic: residents, deceased relative, family, consent, next of kin.)

## Think of synonyms for these terms:

*Practicing procedures: Learning procedures, developing skills*

*Newly dead: Deceased, cadaver, postmortem, after death*

## Try out different combinations of these terms.

## Quickly review the first 1–2 pages.

## Read titles and skim excerpts.

## Notice the source of each item.

## PARTICIPANT HANDOUTS

Search term: “newly dead”:

The screenshot shows a Google search interface with the search term "newly dead" entered. The results page displays several links related to the topic, including articles from Galen Press, NPR, Bioethics Discussion Blog, and MySpace. The search results are numbered 1 through 10, and the total number of results is approximately 467,000. The search was completed in 0.27 seconds.

Web Images Maps News Shopping Gmail more ▼ Sign in

Google™ newly dead Search Advanced Search Preferences  
Google SafeSearch is ON

Web Results 1 - 10 of about 467,000 for **newly dead** with Safesearch on. (0.27 seconds)

[Case: Practicing and Teaching on the Newly Dead](#)  
Case commentary on a controversial topic. Should **newly dead** bodies be used to teach medical practitioners skills that can be used to save others?  
[www.galenpress.com/extras/extra20.htm](http://www.galenpress.com/extras/extra20.htm) - 37k - [Cached](#) - [Similar pages](#)

[NPR: Keeping the Newly Dead Ready for Organ Donation](#)  
May 8, 2006 ... USA Today reports that, within months, they plan to "dispatch the nation's first ambulance equipped to preserve bodies of the **newly dead** so ...  
[www.npr.org/blogs/talk/2006/05/keeping\\_the\\_newly\\_dead\\_ready\\_f\\_1.html](http://www.npr.org/blogs/talk/2006/05/keeping_the_newly_dead_ready_f_1.html) - [Similar pages](#)

[Bioethics Discussion Blog: Using the Newly Dead](#)  
Jan 28, 2006 ... Are my visitors also aware that the **newly dead** are used for other medical purposes, in addition to organ procurement? ...  
[bioethicsdiscussion.blogspot.com/2006/01/using-newly-dead.html](http://bioethicsdiscussion.blogspot.com/2006/01/using-newly-dead.html) - 38k - [Cached](#) - [Similar pages](#)

[THE STRUGGLE FOR IRAQ: THE HOME FRONT; Among the Newly Dead, a ...](#)  
THE STRUGGLE FOR IRAQ: THE HOME FRONT; Among the **Newly Dead**, a Soldier Who Was Grieving for His Mother .... Alastair Macaulay on **New York's Best Dancers** ...  
[query.nytimes.com/gst/fullpage.html?res=9901E2D71E30F937A35752C1A9659C8B63](http://query.nytimes.com/gst/fullpage.html?res=9901E2D71E30F937A35752C1A9659C8B63) - 43k - [Cached](#) - [Similar pages](#)

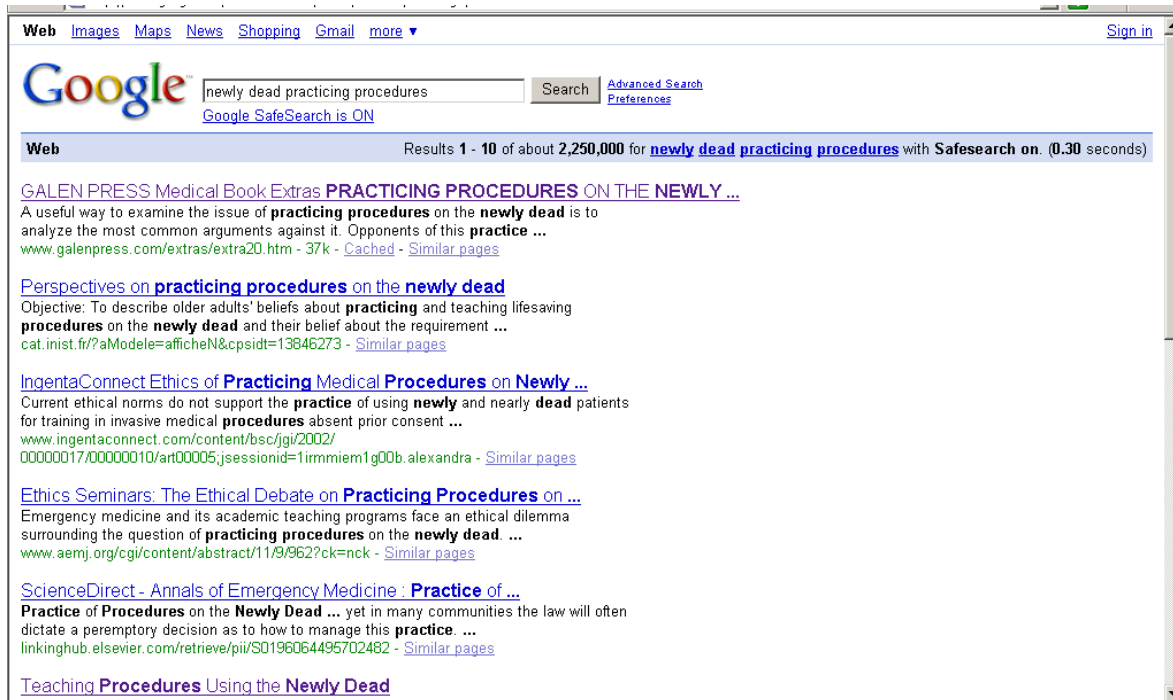
[MySpace.com - the newly Dead game - New Haven CT, soon to be Los ...](#)  
MySpace music profile for the **newly Dead** game with tour dates, songs, videos, pictures, blogs, band information, downloads and more.  
[profile.myspace.com/index.cfm?fuseaction=user.viewprofile&friendID=4297946](http://profile.myspace.com/index.cfm?fuseaction=user.viewprofile&friendID=4297946) - 156k - [Cached](#) - [Similar pages](#)

If the results are not especially promising, try again with different search terms.



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Search term: “newly dead practicing procedures”:



Looks pretty promising.

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Consider adding “ethics.”

Search term: “newly dead practicing procedures ethics”:

The screenshot shows a Google search results page. At the top, there are navigation links for Web, Images, Maps, News, Shopping, Gmail, and more. The Google logo is on the left, and a search bar contains the text "newly dead practicing procedures ethics". To the right of the search bar is a "Search" button and links for "Advanced Search" and "Preferences". Below the search bar, it says "Google SafeSearch is ON". The results section shows "Results 1 - 10 of about 277,000 for newly dead practicing procedures ethics with Safesearch on. (0.34 seconds)". The first result is from GALEN PRESS Medical Book Extras, titled "PRACTICING PROCEDURES ON THE NEWLY ...". The second result is from VM -- Performing Procedures on the Newly Deceased, dated Mar 03. The third result is from IngentaConnect, titled "Ethics of Practicing Medical Procedures on Newly ...". The fourth result is from Ethics Seminars, titled "The Ethical Debate on Practicing Procedures on ...". The fifth result is from aetm.org, titled "Ethics Seminars: The Ethical Debate on Practicing Procedures on ...".

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Google newly dead practicing procedures ethics Search Advanced Search Preferences

Google SafeSearch is ON

Web Results 1 - 10 of about 277,000 for newly dead practicing procedures ethics with Safesearch on. (0.34 seconds)

**GALEN PRESS Medical Book Extras PRACTICING PROCEDURES ON THE NEWLY ...**  
Ethics In Emergency Medicine. CASE: PRACTICING PROCEDURES ON THE NEWLY DEAD. Kenneth V. Iserson, M.D., MBA. From: Ethics In Emergency Medicine, ...  
[www.galenpress.com/extras/extra20.htm](http://www.galenpress.com/extras/extra20.htm) - 37k - [Cached](#) - [Similar pages](#)

**VM -- Performing Procedures on the Newly Deceased, Mar 03 ...**  
Ethics of practicing medical procedures on newly dead and nearly dead patients. J Gen Intern Med. 2002;17:774-8. 4. Manifold CA, Storrow A, ...  
[virtualmentor.ama-assn.org/2003/03/ccas1-0303.html](http://virtualmentor.ama-assn.org/2003/03/ccas1-0303.html) - 24k - [Cached](#) - [Similar pages](#)

**IngentaConnect Ethics of Practicing Medical Procedures on Newly ...**  
Ethics of Practicing Medical Procedures on Newly Dead and Nearly Dead Patients. Authors: Berger, Jeffrey T.1; Rosner, Fred1; Cassell, Eric J.1 ...  
[www.ingentaconnect.com/content/bsc/jgi/2002/00000017/00000010/art00005.jsessionid=1irmmiem1g00b.alexandra](http://www.ingentaconnect.com/content/bsc/jgi/2002/00000017/00000010/art00005.jsessionid=1irmmiem1g00b.alexandra) - [Similar pages](#)

**Ethics Seminars: The Ethical Debate on Practicing Procedures on ...**  
Ethics Seminars: The Ethical Debate on Practicing Procedures on the Newly Dead. The SAEM Ethics Committee.; Terri A. Schmidt, MD, MS, Jean T. Abbott, MD, ...  
[www.aemj.org/cgi/content/abstract/11/9/962?ck=nck](http://www.aemj.org/cgi/content/abstract/11/9/962?ck=nck) - [Similar pages](#)

**Ethics Seminars: The Ethical Debate on Practicing Procedures on ...**  
recommends that families be asked for consent prior to practicing procedures on the newly dead. Key words: ethics; procedures; dead; newly dead; teaching; ...  
[www.aemj.org/cgi/reprint/11/9/962.pdf](http://www.aemj.org/cgi/reprint/11/9/962.pdf) - [Similar pages](#)  
[More results from www.aemj.org »](#)

Even better!

## PARTICIPANT HANDOUTS

Google™ Scholar:

Search term: “newly dead practicing procedures ethics”:

The screenshot shows the Google Scholar search interface. At the top, the Google Scholar logo is on the left, and navigation links (Web, Images, Video, News, Maps, more ») are in the center. Below the logo is a search bar containing the text "newly dead practicing procedures ethics", with year filters for "2001" and "2008", and a "Search" button. To the right of the search bar are links for "Advanced Scholar Search", "Scholar Preferences", and "Scholar Help". Below the search bar, a green banner displays "Scholar All articles - Recent articles" and "Results 1 - 10 of about 20,900 for newly dead practicing procedures ethics with Safesearch on. (0.55 seconds)". The search results list five entries, each starting with "[CITATION]". The first entry is "Ethics Seminars: The Practice of Medical Procedures on Newly Dead Patients-Is Consent Warranted?" with a link to "Full Text - VA NY/NJ - all 2 versions »". The second entry is "Ethics of Practicing Medical Procedures on Newly Dead and Nearly Dead Patients" with a link to "Full Text - VA NY/NJ - all 6 versions »". The third entry is "Ethics Seminars: The Ethical Debate on Practicing Procedures on the Newly Dead" with a link to "Full Text - VA NY/NJ". The fourth entry is "Patients'Willingness to Allow Residents to Learn to Practice Medical Procedures." with a link to "Full Text - VA NY/NJ". The fifth entry is "The Performance of Procedures on the Recently Deceased" with a link to "Full Text - VA NY/NJ - all 2 versions »". Each entry includes a snippet of the article's content and a link to "Full Text - VA NY/NJ".

Google Scholar BETA

Web Images Video News Maps more »

newly dead practicing procedures ethics 2001 - 2008 Search

Advanced Scholar Search  
Scholar Preferences  
Scholar Help

Scholar All articles - Recent articles Results 1 - 10 of about 20,900 for newly dead practicing procedures ethics with Safesearch on. (0.55 seconds)

[CITATION] **Ethics Seminars: The Practice of Medical Procedures on Newly Dead Patients-Is Consent Warranted?** - [Full Text - VA NY/NJ](#) - [all 2 versions »](#)  
GP Moore - Academic Emergency Medicine, 2001 - Blackwell Synergy  
... Postmortem **procedures** in the emergency de- partment: using ... t ask, don't tell: **practicing**  
minimally in- vasive resuscitation techniques on the **newly dead**. ...  
[Cited by 14](#) - [Related Articles](#) - [Web Search](#) - [Resources @ My Library](#) - [BL Direct](#)

[CITATION] **Ethics of Practicing Medical Procedures on Newly Dead and Nearly Dead Patients** - [Full Text - VA NY/NJ](#) - [all 6 versions »](#)  
JT Berger, F Rosner, EJ Cassell - J Gen Intern Med, 2002 - Blackwell Synergy  
... Free Content. Full Text. **Ethics of Practicing Medical Procedures on Newly Dead and Nearly Dead Patients**. Jeffrey T. Berger, MD., Fred ...  
[Cited by 12](#) - [Related Articles](#) - [Web Search](#) - [Resources @ My Library](#) - [BL Direct](#)

[CITATION] **Ethics Seminars: The Ethical Debate on Practicing Procedures on the Newly Dead** - [Full Text - VA NY/NJ](#)  
TA Schmidt, JT Abbott, JM Geiderman, JA Hughes, CX ... - Academic Emergency Medicine, 2004 - Blackwell Synergy  
... that families be asked for consent prior to **practicing procedures** on the **newly dead**.  
Key words: **ethics**; **procedures**; **dead**; **newly dead**; teaching; Society for ...  
[Cited by 4](#) - [Related Articles](#) - [Web Search](#) - [Resources @ My Library](#) - [BL Direct](#)

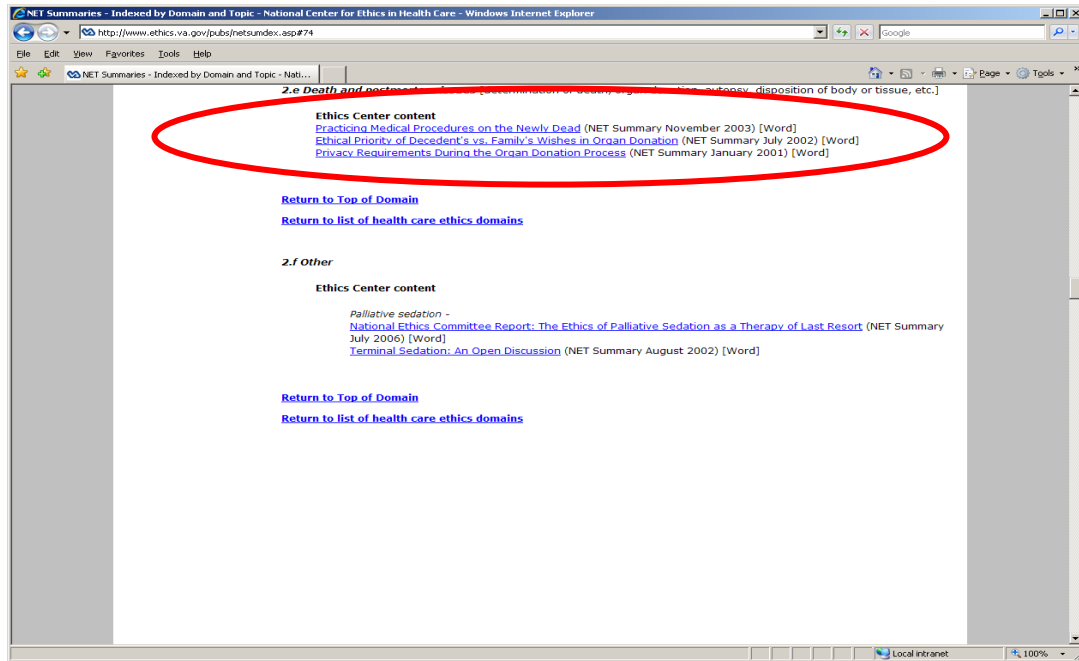
[CITATION] **Patients'Willingness to Allow Residents to Learn to Practice Medical Procedures.** - [Full Text - VA NY/NJ](#)  
SA Santen, RR Hemphill, MF McDonald, CO Jo - ACADEMIC MEDICINE, 2004  
... board: the **ethics** of using **newly dead** patients for teaching and **practicing** intubation  
techniques ... considerations sur- rounding first time **procedures**: a study ...  
[Cited by 20](#) - [Related Articles](#) - [Web Search](#) - [Resources @ My Library](#) - [BL Direct](#)

[CITATION] **The Performance of Procedures on the Recently Deceased** - [Full Text - VA NY/NJ](#) - [all 2 versions »](#)  
MW Faure - Academic Emergency Medicine, 2002 - Blackwell Synergy

More promising items!

## PARTICIPANT HANDOUTS

### National Center for Ethics in Health Care Website:



## PARTICIPANT HANDOUTS

### PubMed:

The screenshot shows the PubMed website interface. At the top, there's a navigation bar with 'NCBI', 'Resources', and 'How To'. The main search bar contains the query 'practicing procedures newly dead ethics'. Below the search bar, there are links for 'RSS', 'Save search', 'Limits', and 'Advanced'. The search results are displayed in a list format, showing three results. The first result is 'Ethics seminars: the ethical debate on practicing procedures on the newly dead' by Schmidt TA, Abbott JT, Gelderman JM, Hughes JA, Johnson CX, McClure KB, McKay MP, Razzak JA, Salo D, Schears RM, Solomon RC, SAEM Board of Directors. The second result is 'Ethics of practicing medical procedures on newly dead and nearly dead patients' by Berger JT, Rosner F, Cassell EJ. The third result is 'Bioethics and health policy section: practicing procedures on the newly dead' by Knopp R. On the right side, there are filters for 'Filter your results:' with options for 'All (3)', 'Free Full Text (1)', and 'Review (1)'. There is also a section for 'Find related data' with a dropdown menu for 'Database' and a 'Find items' button. At the bottom, there is a 'Search details' section showing the search criteria: 'practicing[All Fields] AND ("methods"[Subheading])'.

### AMA PolicyFinder:

The screenshot shows the AMA PolicyFinder website. The browser window title is 'AMA - E-8.181 Performing Procedures on the Newly Deceased for Training Purposes - Windows Internet Explorer'. The website has a navigation bar with links for 'HOME', 'PHYSICIANS', 'RESIDENTS', 'MEDICAL STUDENTS', and 'PATIENTS'. The main content area displays the policy for 'E-8.181 Performing Procedures on the Newly Deceased for Training Purposes'. The policy text states: 'Physicians should work to develop institutional policies that address the practice of performing procedures on the newly deceased for purposes of training. Any such policy should ensure that the interests of all the parties involved are respected under established and clear ethical guidelines. Such policies should consider rights of patients and their families, benefits to trainees and society, as well as potential harm to the ethical sensitivities of trainees, and risks to staff, the institution, and the profession associated with performing procedures on the newly deceased without consent. The following considerations should be addressed before medical trainees perform procedures on the newly deceased: (1) The teaching of life-saving skills should be the culmination of a structured training sequence, rather than relying on random opportunities. Training should be performed under close supervision, in a manner and environment that takes into account the wishes and values of all involved parties. (2) Physicians should inquire whether the deceased individual had expressed preferences regarding handling of the body or procedures performed after death. In the absence of previously expressed preferences, physicians should obtain permission from the family before performing such procedures. When reasonable efforts to discover previously expressed preferences of the deceased or to find someone with authority to grant permission for the procedure have failed, physicians must not perform procedures for training purposes on the newly deceased patient. In the event post-mortem procedures are undertaken on the newly deceased, they must be recorded in the medical record. (I, V) Issued December 2001, based on the report, "Performing Procedures on the Newly Deceased for Training Purposes," adopted June 2001, (Acad. Med. 2002; 77:1212-1216).'

## PARTICIPANT HANDOUTS

### Handout 3.5

# **Reference List of Ethics Knowledge: Practicing Medical Procedures on the Newly Dead**

## **Arranged According to Type of Resource**

### **National Center for Ethics in Health Care Resource**

National Ethics Teleconference Call: "Practicing Medical Procedures on the Newly Dead," November 19, 2003.

[http://www.ethics.va.gov/docs/net/NET\\_Topic\\_20031119\\_Practicing\\_Med\\_Procedures\\_Newly\\_Dead.doc](http://www.ethics.va.gov/docs/net/NET_Topic_20031119_Practicing_Med_Procedures_Newly_Dead.doc)

### **Scholarly Articles**

Ardagh M. May we practice endotracheal intubation on the newly dead? J. Med. Ethics, 23: 289-294.

Berger JT, Rosner F, Cassell EJ. Ethics of practicing medical procedures on newly dead and nearly dead patients. J. Gen. Intern. Med., 17: 774-778.

Brattebo G, Wisborg T. Teaching procedures on the newly dead. Ann. Emerg. Med., 26: 242.

Burns JP, Reardon FE, Truog RD. Using newly deceased patients to teach resuscitation procedures. N. Engl. J. Med., 331: 1652-1655.

Davis JK. The concept of precedent autonomy. Bioethics., 16: 114-133.

DeVita MA, Wicclair M, Swanson D, Valenta C, Schold C. Research involving the newly dead: an institutional response. Crit. Care Med., 31: S385-S390.

Fernandes CM. Practice of procedures on the newly dead. Ann. Emerg. Med., 26: 106-107.

Foure MW. The performance of procedures on the recently deceased. Acad. Emerg. Med. 2002; 9(8): 786-90.

Gatrad AR, Sheikh A. Medical ethics and Islam: principles and practice. Arch. Dis. Child. 2001; 84(1): 72-75.

Ginifer C, Kelly AM. Teaching resuscitation skills using the newly deceased. Med. J. Aust., 165: 445-447.

Goldblatt AD. Don't ask, don't tell: practicing minimally invasive resuscitation techniques on the newly dead. Ann. Emerg. Med., 25: 86-90.

Iserson KV. Postmortem procedures in the emergency department: using the recently dead to practice and teach. J. Med. Ethics, 19: 92-98.

Iserson KV. Law versus life: the ethical imperative to practice and teach using the newly dead emergency department patient. Ann. Emerg. Med., 25: 91-94.

Kaldjian LC, Wu BJ, Jekel JF, Kaldjian EP, Duffy, TP. Insertion of femoral-vein catheters for practice by medical house officers during cardiopulmonary resuscitation. N. Engl. J. Med. 1999; 341(27): 2088-91.

Manifold CA, Storrow A, Rodgers K. Patient and family attitudes regarding the practice of procedures on the newly deceased. Acad. Emerg. Med., 6: 110-115.

## PARTICIPANT HANDOUTS

Moore GP. Ethics seminars: the practice of medical procedures on newly dead patients—is consent warranted? *Acad. Emerg. Med.*, 8: 389-392.

Morse L, Larkin G. Performing Procedures on the newly deceased. *Online Ethics Journal of the American Medical Association*, 5.

Nelkin D, Andrews L. Do the dead have interests? Policy issues for research after life. *Am. J. Law Med.*, 24: 261-291.

Oman KS, Armstrong JD, Stoner M. Perspectives on practicing procedures on the newly dead. *Acad. Emerg. Med.*, 9: 786-790.

Rumm MM, et al. Performing procedures on the newly deceased for teaching purposes: what if we were to ask? *Arch. Intern. Med.* 2005; 165:92-96.

Wicclair MR. Informed consent and research involving the newly dead. *Kennedy Inst. Ethics J.*, 12: 351-372

### Professional Standards

American Medical Association. E-8.181 Performing Procedures on the Newly Deceased for Training Purposes. 2001. Ref Type: Report

Council on Ethical and Judicial Affairs of the American Medical Association. Performing procedures on the newly deceased. *Acad. Med.* 77(12 Pt 1), 1212-1216. 2002. Ref Type: Report

Emergency Nurses Association. The Use of the Newly Deceased Patient for Procedural Practice. 2002. Ref Type: Report

### **Legal Standards**

Uniform Anatomical Gift Act (1987)

### **Organizational and Facility Policy Standards**

**Other** (e.g., analogous cases, expert opinion, in this case, sources include newspaper and magazine articles)

Glader, P. Doctors question use of dead or dying patients for training. *The Wall Street Journal*. 11-12-2002. Ref Type: Newspaper

Kelly, C. K. Is it OK to 'practice' on patients who have just died? *ACP Observer*. 2003. Ref Type: Magazine Article

Le Morvan P, Stock B. Medical learning curves and the Kantian ideal. *J. Med. Ethics* 2005; 31: 513-518.

Moskop JC. Informed consent and refusal of treatment: challenges for emergency physicians. *Emerg. Med. Clin. N. Am.* 24 (2006): 605-618.

Roberts LW, et al. Perceptions of the ethical accessibility of using medical examiner autopsies for research and education. *Arch. Pathol. Lab. Med.*, October 2000, 124: 1485-1495.

## PARTICIPANT HANDOUTS

### Handout 3.6

# Summary of Ethics Knowledge: Practicing Medical Procedures on the Newly Dead

## Arranged According to Type of Resource

### National Center for Ethics in Health Care Resource

National Ethics Teleconference Call: “Practicing Medical Procedures on the Newly Dead,” November 19, 2003.

[http://www.ethics.va.gov/docs/net/NET\\_Topic\\_20031119\\_Practicing\\_Med\\_Procedures\\_Newly\\_Dead.doc](http://www.ethics.va.gov/docs/net/NET_Topic_20031119_Practicing_Med_Procedures_Newly_Dead.doc)

National Center’s position on this topic is summarized: supervised and respectful training on the newly dead, with prior, appropriate consent, is ethically acceptable. Clinicians should not practice on the newly dead without obtaining consent from the next of kin, or prospectively, from the decedent. Extending resuscitation of a patient solely for the purpose of training is ethically inappropriate and should not be done.

### Scholarly Articles

Ardagh M. May we practice endotracheal intubation on the newly dead? J. Med. Ethics, 23: 289-294.

- “Physicians have practiced ETI on the newly dead for many years and despite suggestions that it is unlawful and unethical many still consider that there is no better way to maintain the necessary expertise” (cf. Ardagh 1).
- “Alternatives to practicing ETI on cadavers do exist. Virtual reality techniques are not yet practical and animal models have disparate anatomy. Mannequins are considered by many to be too different anatomically, too constant anatomically, and too rigid to be of use beyond the initial training” (cf. Ardagh 2).
- “One study of mannequin use by paramedics alone found these paramedics were as proficient as those who trained on mannequins and cadavers” (cf. Ardagh 2a).
- “. . . Muslims may consider postmortem ETI to be highly objectionable and will therefore suffer a greater harm from it than others in the community who object less” (cf. Ardagh 3).
- “. . . [T]he Christian tradition affirms a profound link and identity of the spirit with its somatic existence and would not readily allow invasion of the body, without explicit consent. These sentiments are stronger in Judaism and stronger still in Islam” (cf. Ardagh 5).
- “Goldblatt, however, argues that quasi-property rights give the family fundamental rights to the body and that using a corpse without statutory authorization or proxy consent violates the common law” (cf. Ardagh 6).
- “Research on efforts to seek proxy consent for postmortem procedures reports a positive response from family members between half and three quarters of the time” (cf. Ardagh 7).

Benfield DG, Flaksman RJ, Lin TH, Kantak AD, Kokomoor FW, Vollman JH. Teaching intubation skills using newly deceased infants. JAMA. 1991; 265(18).



## PARTICIPANT HANDOUTS

- Smaller proportions of African Americans (33% vs. 83%) were likely to give consent for postmortem procedures out of respect for the body. Note: this survey was done in a pediatric setting.

Berger JT, Rosner F, Cassell EJ. Ethics of practicing medical procedures on newly dead and nearly dead patients. *J. Gen. Intern. Med.*, 17: 774-778.

- “Although corpses cannot be harmed [from the perspective of secular and rational philosophies], only physically damaged, the memories of deceased persons held by others may be violated, and actions against the corpse may offend observers” (cf. Berger 2).
- “We note. . .that many advances in training mannequins and computer simulators increasingly narrow the relative advantages of using corpses” (Berger 2a).
- “Other requirements that could possibly be violated by postmortem training include rapid burial, burying the corpse whole and undisturbed, and protecting the dignity of the corpse” (cf. Berger, 3).
- “After death, physicians have an ethical obligation to treat the patient’s remains in accordance with patient or family wishes. Legally, families have a limited property right in the corpse” (cf. Berger 4).
- “Even after death, formal consent from a surrogate is required for medical procedures such as organ donation and autopsy, and for disposition of the body. These precedents suggest the need for consent for nonindicated training procedures” (cf. Berger 5).
- “If consent is a criterion, might it simply be implied through a patient’s acceptance of admission to a teaching hospital. Available evidence finds public opposition to this suggestion. Moreover, emergency hospitalization precludes choice of facility, and health insurers may stipulate location of inpatient care” (cf. Berger 8).
- “Unquestionably, it is desirable to better train physicians in communication skills, bereavement support, and grief counseling. Additional social and psychological support for families may facilitate consent for training activities. Public education about training concerns should be similar to education for organ donation” (cf. Berger 9).
- “Untoward effects of unconsented practice on the newly dead may include further disenfranchisement of minority families who, when asked, tend to consent to training less often than do whites.”
- “Should family members learn of a gratuitous procedure, trust in their community health facility and physicians may be damaged. Further, public awareness of this practice might damage trust in the health care system and compromise physicians’ claims of professional integrity” (cf. Berger, 7).

General (doesn’t correspond exactly to citation, which is noted below):

- Protection of premortem preferences and values: incompatible with notions of respect for persons that at the moment of death we were to abruptly cease attributing moral force to any of the person’s premortem preferences and values.
- Protecting from disrespectful treatment: family may be in best position to determine whether particular use of the body is consistent with the deceased’s conception of respect for the dead. Recognizes a zone of family privacy and autonomy. Family is responsible for disposing of corpses so it seems reasonable that family have responsibility for assuring that the body is treated respectfully.
- Protect and respect the deceased’s family: Plausible that the deceased would have been concerned about impact of use of body on patient.

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- “Abrogation of . . . responsibilities [to treat patient’s remains in accordance with patient or family wishes, limited property right in corpse] may offend the family, and undermine generally faith in physician fidelity.”

Burns JP, Reardon FE, Truog RD. Using newly deceased patients to teach resuscitation procedures. *N. Engl. J. Med.*, 331: 1652-1655.

- The practice of performing, for skill development, medical procedures such as intubation on the newly dead is common. In one survey, 39% of hospitals practice medical procedures on the newly dead. Practice on the newly dead occurs most often within emergency departments.

Fourre MW. The performance of procedures on the recently deceased. *Acad. Emerg. Med.* 2002; 9(8): 786-90.

- In a survey of 96 emergency room directors, nearly 50% said they trained resident staff on the newly dead. Only four respondents said they had written policies requiring family consent for performing intubations on patients while 76 stated that they almost never request consent. Practice on the newly dead occurs at both teaching and non-teaching facilities.

Gatrad AR, Sheikh A. Medical ethics and Islam: principles and practice. *Arch. Dis. Child.* 2001; 84(1): 72-75.

- The Koran states, “Breaking the bone of the dead is akin to breaking the bone of the living.” Some religious leaders have interpreted the text to mean that it may be possible for the deceased to feel pain. This is one reason given for the reluctance of some Muslims to allow post mortem examination.

Iserson KV. Postmortem procedures in the emergency department: using the recently dead to practise and teach. *J. Med. Ethics*, 19: 92-98.

- “Several factors suggest that postmortem practice and teaching is necessary: the importance of clinical competence when performing lifesaving procedures, society’s need to maintain and expand the cadre of medical personnel with lifesaving skills, and the inadequacy of alternative teaching methods.”

Kaldjian LC, Wu BJ, Jekel JF, Kaldjian EP, Duffy, TP. Insertion of femoral-vein catheters for practice by medical house officers during cardiopulmonary resuscitation. *N. Engl. J. Med.* 1999; 341(27): 2088-91.

- This study surveyed 234 internal medicine residents in 3 training programs and found that a third of house staff believed that practicing procedures on imminently dying patients might be appropriate. 16% had actually done so.

Manifold CA, Storrow A, Rodgers K. Patient and family attitudes regarding the practice of procedures on the newly deceased. *Acad. Emerg. Med.*, 6: 110-115.

- [nb: general under “Patient and Family Attitudes,” not aligned with source: Discomfort and sometimes anger were commonly experienced by health care professionals involved in or aware that those newly dead were being used for training without obtaining consent. In spite of the discomfort experienced, trainees view the experience as helpful.]

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- In one study, 47% of paramedics, 28% of nurses, and 3% of residents objected to the practice. In another study, 67% of nursing students vs. 30% of experienced nurses objected to the procedure.

Moore GP. Ethics seminars: the practice of medical procedures on newly dead patients—is consent warranted? *Acad. Emerg. Med.*, 8: 389-392.

- Survey of 280 Emergency Department patients. 70% agreed to after-death procedures on themselves or a family member. Only 40% would permit without prior consent. 71% thought that consent could be obtained through the advance health care planning process while 85% favored a wallet card format.

Morag RM, et al. Performing procedures on the newly deceased for teaching purposes: what if we were to ask? *Arch. Intern. Med.* 2005; 165: 92-96.

- “Asking for permission to perform procedures on the recently deceased for physician training purposes may often anger the bereaved. The emotional response to the consent request may be culturally determined [respondents in Brooklyn—who were predominantly nonwhite (83.3% vs. Oslo, 4.0%)—would anticipate anger at being asked for consent 6 times more frequently than respondents in Oslo]. Increased willingness of individuals to permit the use of their bodies in the immediate postmortem period suggests that a preauthorization program similar to organ donor cards might be acceptable, successful, and ethical.”
- “In conclusion, willingness to grant permission to perform procedures on the recently deceased for physician training purposes varies with the invasiveness of the procedure and the culture of the respondents.”
- “State and federal supreme courts have not made definitive rulings with respect to permission or prohibition of the use of newly dead patients for medical teaching purposes. However, several states have corpse mistreatment laws and others have awarded punitive damages after unauthorized postmortem manipulation. Others have suggested affixing an addendum to autopsy consent forms permitting medical training during procedures.”

Moskopp JC. Informed Consent and Refusal of Treatment: Challenges for Emergency Physicians. *Emerg. Med. Clin. N. Am.* 24 (2006): 605-618.

- “A survey of program directors of accredited emergency medicine residency programs conducted in 1998 and 1999, for example, revealed an almost even split between programs in which procedures are performed on the newly dead for teaching purposes (45 programs) and programs that do not employ this practice (51 programs) [22]. Of the 45 programs in which procedures are performed on the newly dead, 34 (76%) reported that they ‘almost never’ obtain consent from family members, and only 3 (7%) ‘almost always’ obtain consent.”

Oman KS, Armstrong JD, Stoner M. Perspectives on practicing procedures on the newly dead. *Acad. Emerg. Med.*, 9: 786-790.

- Semi-structured survey of 100 older adults residing in a metropolitan area. 54% asserted that practicing life-saving procedures on the newly dead is permissible. 80% of the sample believed that obtaining consent is necessary.

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[nb: general note under “Patient and Family Attitudes”: not aligned with any one source: In general, patients and families would permit procedures to be practiced on their body or the body of a relative, with the caveat that consent be obtained from the patient or sought from the family. Methods of obtaining consent that were favored by survey respondents included advance directives and a card that could be carried in a wallet.]

Wicclair MR. Informed consent and research involving the newly dead. *Kennedy Inst. Ethics J.*, 2002; 12: 351-372

- “Regardless of whether the dead can be harmed, there are two important respects in which family consent can serve to protect the dead: (1) protecting the deceased’s body from being used for research that is incompatible with the person’s premortem preferences and values, and (2) protecting the deceased’s body from being subject to disrespectful treatment.” “Additional reasons for securing family consent are presented including to protect them from additional emotional distress, to respect their wishes about wanting to have a say, and to maintain public trust in the medical professional and medical research.”

### Professional Standards

The American Heart Association

- Although no statement could be found on the AHA web site, an article in the *Journal of Medical Ethics* stated that Heart Association representative state that “this practice is ethically justifiable in that it is non-mutilating, brief, and beneficial to others and an effective teaching technique.” (cf. Ardagh 1a)

American Medical Association. E-8.181 Performing Procedures on the Newly Deceased for Training Purposes. 2001. Ref Type: Report

- In 2000, the AMA adopted a nonbinding policy that no training be performed on the newly dead unless the patient or family members had given consent. Of note, medical student members brought this issue to the AMA Council on Ethical and Judicial Affairs.

Council on Ethical and Judicial Affairs of the American Medical Association. Performing procedures on the newly deceased. *Acad. Med.* 77(12 Pt 1), 1212-1216. 2002. Ref Type: Report

- “. . . In 2002, the Council on Ethical and Judicial Affairs of the American Medical Association encouraged obtaining consent from family members for these postmortem procedures and the development of ‘institutional policies that address the practice of performing procedures on the newly deceased for purposes of training’” (Morag, 2005).

British Medical Association and the Royal College of Nursing

- In 1993 the BMA and RCN issues a joint statement recommending that practice on the newly dead should be an exceptional practice and may only be justified if the body has severe head, neck, or facial injuries. In this latter case, the expectation is that consent will be obtained.
- Sufficient experience can be obtained through training on mannequins and other computer assisted programs.

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Emergency Nurses Association. The Use of the Newly Deceased Patient for Procedural Practice. 2002. Ref Type: Report

- Endorses teaching skills and practicing on the newly dead so long as consent is obtained
- Initial position approved in 1996. Revised and approved 2002.

### Legal Standards

Most recent legal cases (2000) have determined that next of kin have constitutional ownership of the deceased person's body within certain limit. On these grounds, it is prudent to approach the next of kin. Analogous cases support obtaining consent for practicing medical procedures on newly dead: consent presently required for removal of organs, use of corpse for medical education, autopsy, and disposition of the body.

Uniform Anatomical Gift Act (1987)

- (UAGA 1987, Sections 2a and 6a) "empowers people to give or withhold consent to use their bodies for transplant, therapy, research, and/or education after death. Endorses a policy of seeking advance consent, which requires asking persons who are admitted to a hospital: are you an organ or tissue donor. If no and with attending physicians consent UAGA mandates discussing with patients the option to make or refuse an anatomical gift."

**Other** (e.g., analogous cases, expert opinion. In this case, sources include newspaper and magazine articles)

University of Colorado Hospital Policy and Procedure: Teaching and Practicing Procedures on Newly Deceased Patients

While it is necessary to train health care providers, it is important to respect the dignity of the deceased, respect the wishes of family members, and comply with the requirements of the coroner's office.

- A. Non-mutilating procedures may be taught and practiced on newly deceased individuals by health care providers who need to master certain life-saving, resuscitative techniques. Consent must first be obtained from an appropriate representative of the deceased patient and the body must not be a coroner's case or an autopsy case. The person performing or supervising the procedure should obtain the consent.
- B. Determination should be made as to whether the deceased patient has executed an advance directive in which the patient's wishes with respect to postmortem procedures are expressed. Any such directive should be fully honored.
- C. Consent must be obtained prior to the performance of any procedure on the newly deceased. Consent may be obtained from the appropriate representative as defined above.
- D. Procedures may not be performed on newly deceased patients who are coroner's cases until the coroner's office has been notified and 1) the coroner declines the case, or 2) the coroner's office determines that it is not a coroner's case, and 3) it is not an autopsy service case.
- E. Documentation: Consent should be documented in the medical record and should include a description of the procedure(s) that are performed as well as the name of the individual providing consent, and his or her relationship to the patient.